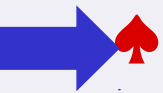




Desk Reference Toolbox for Post-Deployment Health Clinical Practice Guideline

Jul 07

Presentation Outline

- 
- History of the Post-Deployment Health Clinical Practice Guideline (PDH-CPG)
 - Original PDH-CPG Tool Kit
 - Change from Tool Kit to Toolbox
 - Contents of Toolbox
 - Updates to Toolbox

Clinical Practice Guideline for Post-Deployment Health



- ♠ DoD/VA **P**ost-**D**eployment **H**ealth Evaluation and Management **C**linical **P**ractice **G**uideline (PDH-CPG)
 - Evidence-based guideline for the evaluation and management of patients with deployment-related health concerns/conditions in the primary care setting
 - Completed by an expert multi-disciplinary, multi-agency panel
 - Replaced Comprehensive Clinical Evaluation Program (CCEP)
 - Initiated with a worldwide satellite broadcast January 2002 and distribution of Tool Kits to all MTFs
 - No change since 2002 except new Toolboxes distributed to MTFs starting in July 2004 and coding guidance modified

PDH-CPG Use Mandated by Health Affairs - April 2002



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

APR 2 2002

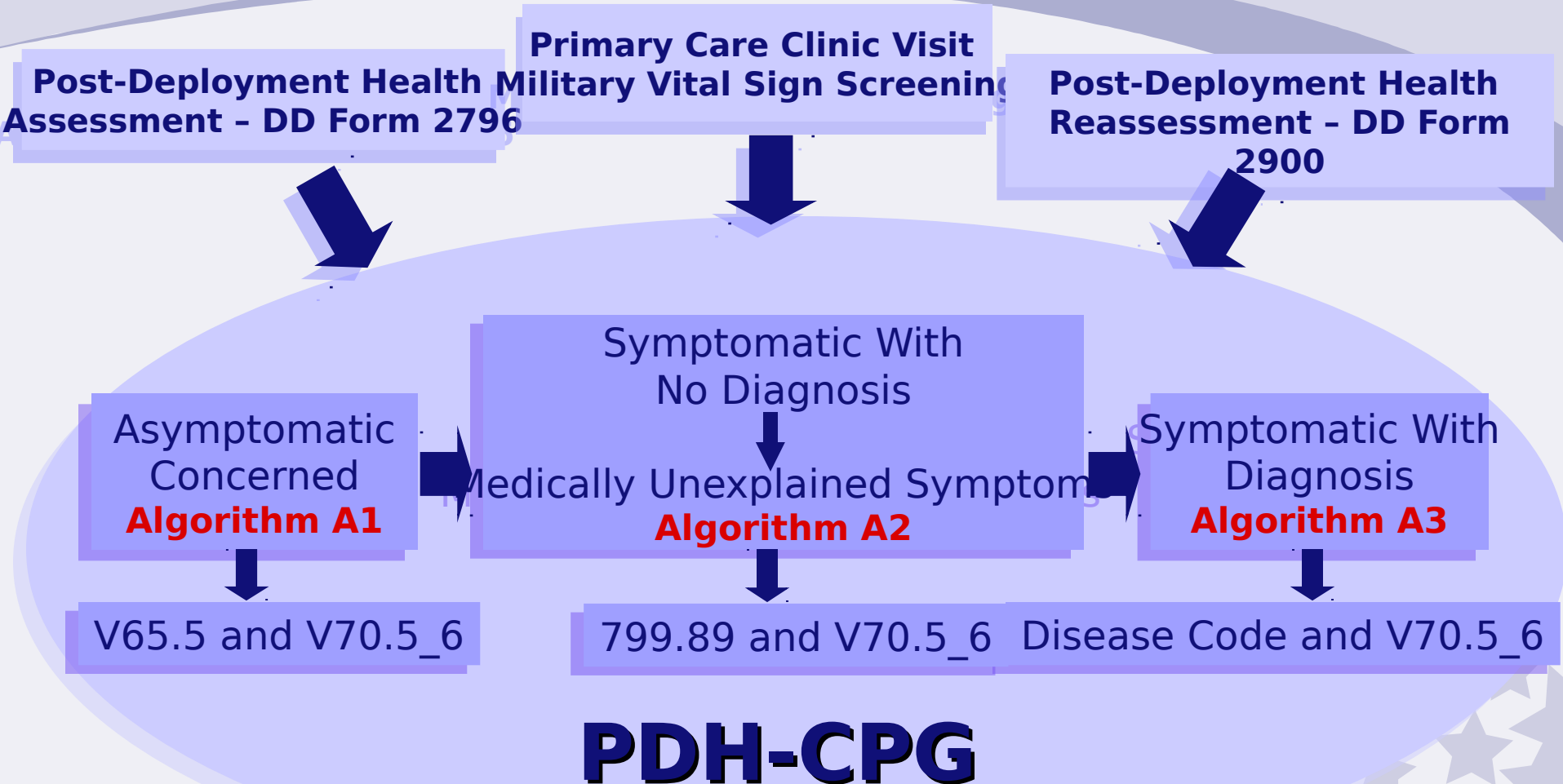
HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)

SUBJECT: Policy Memorandum -- Implementation of the Post-Deployment Health Clinical
Practice Guideline

“All DoD military treatment facilities should now be using the Post-Deployment Health Clinical Practice Guideline ...the military unique vital sign question ‘*Is the reason for your visit today related to a deployment?*’ should be asked of every patient...providers will review and employ, as needed, this guideline during their evaluations...”

Overview of PDH-CPG



Culture Change Strategy for the PDH-CPG Rollout Jan 02



- ♠ Guideline Implementation Champion and Team were to be set up at each MTF
- ♠ Clinician and Patient Education – encouraging patient's active role in care
- ♠ Creation and Use of Tools
- ♠ Web site and Tool Kit created to support the adoption and use of the PDH-CPG

Worldwide Web Support for Post-Deployment Health Care **www.PDHealth.mil**



- ♠ Information on deployments
- ♠ PDH-CPG
 - MDD-CPG
 - MUS-CPG
 - PTSD-CPG
- ♠ Specific diseases and emerging health concerns
- ♠ Online clinical tools
- ♠ Provider and patient education materials
- ♠ News and information library

The screenshot shows the PDHealth.mil website. At the top, there's a search bar and a 'Home' link. Below the search bar is a banner that says 'Welcome to pdhealth.mil a product of the DHCC'. The main content area is divided into several sections: 'Welcome!!! PDHealth.mil was designed to assist clinicians in the delivery of post-deployment healthcare by fostering a trusting partnership between military men and women, veterans, their families, and their healthcare providers to ensure the highest quality care for those who make sacrifices in the world's most hazardous workplace.', 'News Flash' with a link to 'Enhanced PDHA Process', 'Emerging Health Concerns' with a list of links including 'Acinetobacter Fact Sheet for Clinicians', 'Acinetobacter Infections Information for Service Members and Their Families', 'MNC-I Policy on Malaria Prevention in Iraq', 'Army Policy for Management of Suspected Cutaneous Leishmaniasis', 'Depleted Uranium Information for Clinicians', and 'Depleted Uranium Information for Service Member and Their Families'. On the right side, there's a 'In the News' section with links to 'Subscribe to the DHCC Newsletter', 'Post-Attack Vaccine Plus Antibiotics Best Against Anthrax Release', 'Bioterrorists Could Unleash Deadly Flu', 'Contagious Virus Sent to Military Medical Facilities Destroyed', 'London Airport Train Was Reportedly Racin Target', 'Facts About Phosgene', 'Flowcharts - Chemical Terrorism Event Shipping Instructions', 'TriCare Formulary Search Tool', 'VA Opening Clinic for Female Vets', 'Hurt Soldiers Still Help Country - Virtually', and 'Reservists Can Keep Health'. At the bottom, there's a 'New on PDHealth.mil' section.

PDH-CPG Web-Based Tools

www.PDHealth.mil



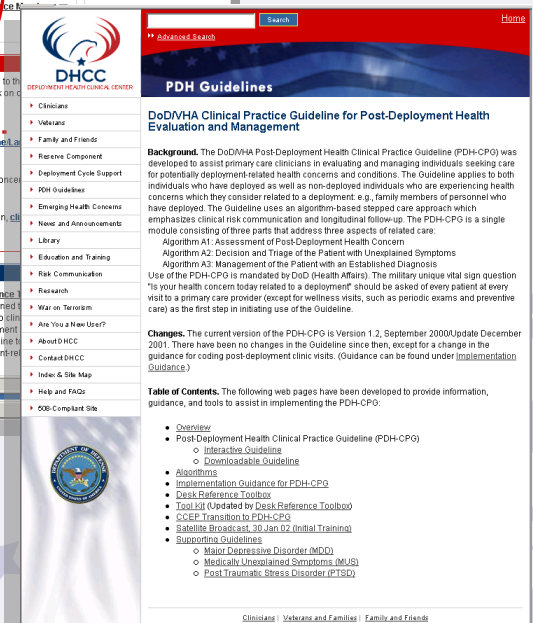
♠ PDH Guidelines

- Overview
- Guideline
- Algorithms
- Implementation
- Desk Reference Toolbox
- Tool Kit (Updated by Toolbo
- CCEP Transition
- Broadcast, 30 Jan 2002
- Supporting Guidelines
- Major Depressive Disorder
- Medically Unexplained Symptoms
- Post Traumatic Stress Disorder

Home Page



PDH Guidelines



Background for Creating Clinical Practice Guideline “Tool Kits”



- ♠ Strategy for supporting changes in practice
 - Tools can relieve barriers to change
 - Periodic review of tools allow changes in system process
 - Tools provide systematic method for measuring progress in improving processes and outcomes of care
- ♠ Centrally produced and evaluated products can be replicated throughout all MTFs
 - Prevents the need to “reinvent the wheel” at each MTF
 - Standardization is easier for patients and staff who move to different facilities within DoD

Presentation Outline



- ♠ History of the Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

- ➡♠ Original PDH-CPG Tool Kit

- ♠ Change from Tool Kit to Toolbox

- ♠ Contents of Toolbox

- ♠ Updates to Toolbox

Original 2002 PDH-CPG Tool Kit



♠ Large, heavy 23" x 12" x 11" canvas satchel containing:

- 2.5" Three-ring binder
 - Narrative CPG with questionnaires
 - Sample/description of each tool and support strategy
- 8.5" x 11" Provider Reference Cards
- Documentation form (DD 2844)
- Clinic stamps
- Reference book(s)
- List of related web sites
- Patient informational brochures
- Patient marketing tools



Contents available on www.PDHealth.mil
Order some parts on www.qmo.amedd.army.mil

♠ Distributed 1 per 50 providers to every military medical treatment facility in January 2002

PDH Screening Question Marketing Tools in 2002 Tool Kit



♠ To facilitate asking the Deployment-Related Question,
posters and wallet cards can be placed in
Primary Care Clinics



Wallet Card

DoD Deployment Health Card
Is your condition due to deployment?

You will be asked this question each time you come for a health concern no matter if you are active duty, retired, family member or veteran.

We ask this question so we can recognize deployment-related health issues early and take steps to protect you and others who might have similar concerns.

Tell your provider if your health issue seems related to a current or past deployment. If your provider doesn't ask you if your health issue is deployment-related, please remind him or her during your visit.

Steps to Getting Deployment Related Help

STEP 1 Call or visit your medical place of care for questions, concerns or symptoms you think may be related to a deployment.

Primary Care

STEP 2 If you have concerns or symptoms, your regular primary care provider will provide an initial assessment and other assistance.

Referral

STEP 3 If symptoms persist or your health does not improve, referral to another specialist may be necessary.



Poster

Available from the Army MEDCOM QMO Web site:
(In Shopping Cart under Post-Deployment Health
CPG Toolkit) <http://www.qmo.amedd.army.mil> ★

Presentation Outline



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Lessons Learned from 2002 Rollout



- ♠ Challenges with distribution of the Tool Kits
- ♠ Tool Kit too big, complex
- ♠ Culture change initiative not completely effective
- ♠ National Quality Management Program (NQMP) evidence showed that not all MTFs, not all Primary Care Providers were using the PDH-CPG

Redesign of Tool Kit to Toolbox



- ♠ Small portable tools – Toolbox sized to fit on desktop
- ♠ Pocket-sized, laminated Reference Cards 5" x 7"
- ♠ Ease-of-access
 - Color-coding
 - Index readily available – in Toolbox lid
- ♠ Tools not intended as textbooks, but as reminders
 - Concise information
 - Targeted to role of Primary Care Provider

PDH-CPG Desk Reference Toolbox



- ♠ Desktop-Sized Laminated Box
 - Desk Reference Cards
 - Compact Discs
 - Interactive PDH-CPG
 - MEDCOM CD of Other CPGs
 - 2 PDH-CPG Training CDs
- Sample Clinician and Patient Brochure
- Various materials from the Center's Information

Contact Information and Resources
PDH-CPG Guideline Elements
Specific Medical Conditions and Concerns
Risk Communication
Screening and Outcome Measures
Training
Process Improvement and Metrics



Contents on www.PDHealth.mil

- ♠ Distributed 1 per primary care provider in every military medical treatment facility starting July 2004

Toolbox Web Page



Table of Contents

- ♠ Introduction
- ♠ Satisfaction Survey
- ♠ Ordering Information
- ♠ Provider Reference Pocket Cards
- ♠ Compact Discs (CDs)
- ♠ Brochures
- ♠ Related Links

The screenshot shows the DHCC website interface. On the left is a navigation menu with links: Clinicians, Veterans, Family and Friends, Reserve Component, Deployment Cycle Support, PDH Guidelines, Emerging Health Concerns, News and Announcements, Library, Education and Training, Risk Communication, Research, War on Terrorism, Are You a New User?, About DHCC, Contact DHCC, Index & Site Map, Help and FAQ, and 508-Compliant Site. The main content area is titled 'PDH Guidelines' and 'PDH Desk Reference Toolbox'. It includes a 'Table of Contents' with links to Introduction, Toolbox Satisfaction Survey, Toolbox Ordering Information, Provider Reference Pocket Cards, Toolbox Compact Discs (CDs), Brochures, and Related Links. Below this is a paragraph explaining the toolbox's purpose: 'The PDH-CPG Desk Reference Toolbox has been designed to assist primary care providers in integrating the DoDVA Post-Deployment Health Clinical Practice Guideline (PDH-CPG) into their practice with the ultimate goal of providing a high standard of care to patients who present with deployment-related health concerns.' Another paragraph states: 'The Toolbox contains Provider Reference Pocket Cards on the PDH-CPG; supporting guidelines for medically unexplained symptoms, depression, and posttraumatic stress disorder (PTSD); certain specific deployment-related health concerns; and the deployment health assessment process. Four CDs that provide additional reference and training materials are also included.' A final paragraph mentions: 'New and updated Provider Reference Pocket Cards are produced as information changes, additional health concerns emerge, and associated guidance is developed. The new/updated cards are made available on this Web page and can be attached to the blank cards in the Toolbox.' To the right of the text is a photograph of the physical toolbox materials, including boxes and cards.

<http://www.pdhealth.mil/guidelines/toolbox.a>

(New/updated cards are developed and posted as needed)

Presentation Outline



- ♠ History of the Post-Deployment Health Clinical Practice Guideline (PDH-CPG)
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- ♠ Change from Tool Kit to Toolbox
- ➡♠ Contents of Toolbox
- ♠ Updates to Toolbox

Overview of Toolbox Table of Contents



- ♠ **Contact Information and Resources:** Quick and easy access to phone and electronic information sources
- ♠ **PDH Guideline Elements:** PDH-CPG algorithms and clinic visit guidance
- ♠ **Specific Medical Conditions and Concerns:** Summary information on managing a variety of deployment-related health concerns e.g., Depleted Uranium
- ♠ **Risk Communication:** Methods to integrate health risk communication into a deployment-related healthcare encounter
- ♠ **Screening and Outcome Measures:** Primers for forms used during deployment-related healthcare visits e.g., DD Form 2796
- ♠ **Training:** A brief summary of currently available PDH-CPG education and training materials
- ♠ **Process Improvement and Metrics:** A summary of metrics used in deployment-related healthcare

Toolbox Table of Contents



contents

Contact Information and Resources

PDH-CPG Guideline Elements

Specific Medical Conditions and Concerns

Risk Communication

Screening and Outcome Measures

Training

Process Improvement and Metrics



www.PDHealth.mil
1-866-559-1627



Toolbox Reference Cards

DHCC Contact Information and Resources



DoD/VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG) Provider Reference Pocket Cards



CONSULT INFORMATION

Clinicians Helpline: 1 (866) 559-1627
 DHCC Phone: (202) 782-6563
 DSN: 662-6563
 Fax: (202) 782-3539
 Web Site: www.PDHealth.mil
 E-mail: PDHealth@na.amedd.army.mil



DHCC Resources

DHCC Resources

DHCC Helpline for Clinicians and Providers

- US Toll Free: 1 (866) 559-1627
- Local Number: (202) 782-6563; DSN: 662
- PDH-CPG inquiries
- Evaluation and medical management guidance for deployment-related illnesses and exposures

DoD Helpline for Service Members, Veterans, and Families

- Toll Free (inside US): 1 (800) 796-9699
- Toll Free (from Europe): 00800-8666-8666
- Local Number: (202) 782-6563; DSN: 662
- Available to all active duty, reserve component, and retired service members and their families as well as deployed DoD civilians
- Deployment-related health questions or concerns
- Patient support and advocacy



The Specialized Care Program (SCP)

The Specialized Care Program (SCP)

What Is It?

- An intensive, three-week, multi-disciplinary rehabilitation program for patients with deployment-related chronic illness or Medically Unexplained Physical Symptoms (MUPS)
- Based on internationally recognized chronic pain and chronic illness treatment protocols
- Corresponds with the stepped care model outlined in the Post-Deployment Health Clinical Practice Guideline
- For patients who have been through guideline-based care at the local MTF and continue to present with refractory chronic illness or MUPS

What Type of Care Is Provided?

- Each SCP treatment plan is designed to meet individual patient needs
- An internist evaluates/provides needed medical treatment for physical symptoms
- Teaches patients strategies to deal with the psychosocial risks and conditions that often accompany chronic illness and the resultant consequences on social, occupational, emotional, and interpersonal functioning and quality of life
- Behavioral health and self-care strategies and treatment modalities include:
 - Physical conditioning
 - Nutritional counseling
 - Patient education
 - Occupational therapy
 - Counseling
 - Relaxation training

DHCC Phone Numbers

DHCC Front Desk

- Local Number: (202) 782-6563
- DSN: 662-6563
- Main Fax Number: (202) 782-3539

DHCC Helpline for Clinicians and Providers

- US Toll Free: 1 (866) 559-1627
- Local Number: (202) 356-0907
- DSN (inside US): 642-0907
- DSN (from Europe): (312) 642-0907

DoD/VA Helpline for Service Members, Veterans, and Families

- Toll Free (inside US): 1 (800) 769-9699
- Toll Free (from Europe): 00800-8666-8666
- Local Number: (202) 782-3577
- DSN (inside US): 662-3577
- DSN (from Europe): (312) 662-3577



DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 642-0907 www.PDHealth.mil
 PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003



DHCC Resources

Specialized Care Program (SCP) Referrals

- Local Number: (202) 782-6563; DSN: 662
- Military health system clinicians can refer patients meeting admission criteria to the program
- Intensive, three-week, multi-disciplinary rehabilitation program

Daily DHCC E-Mail Newsletter

- Covers health issues related to military service and deployments including:
 - Environmental and occupational health
 - Medications and immunizations
 - Biological and chemical warfare
 - Medically unexplained symptoms
- Subscribe at PDHealth.mil, DHCC Newsletter

Clinical Education and Training

- Consult the Education Section of PDHealth.mil for conference announcements, a multi-media training center, events archive, and distance learning opportunities

Deployment-Related Clinical Research

- A robust research program including randomized clinical trials, health services research, program evaluation, and other projects aimed at better understanding and treating deployment-related health concerns.

For information on current studies, please refer to PDHealth.mil



DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
 PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003



SCP (Side Two)

Who Can Participate?

- Available to members of all Branches of Service as well as family members affected by persistent symptoms
- For information about funding for participation in this treatment program, contact DHCC

How Are Patients Referred?

- Military health system clinicians can refer patients meeting admission criteria to the program.
- Basic criteria include:
 - Patient must be ambulatory and capable of some exercise
 - Patient has been through guideline-based care at the local MTF and continues to present with refractory, deployment-related chronic illness or MUPS

For more information, to clarify admission criteria, and/or to refer patients, contact DHCC:

- Phone: (202) 782-6563, DSN: 662
- DHCC Clinicians Helpline: 1 (866) 559-1627
- Fax: (202) 782-3539

Where Is the Program Located?

DoD Deployment Health Clinical Center
 Walter Reed Army Medical Center
 Bldg. 2, 3rd Floor, Room 3G04
 6900 Georgia Avenue, NW
 Washington, D.C. 20307-5001



DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
 PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003



Deployment Health Clinical Center

A DoD Center of Excellence



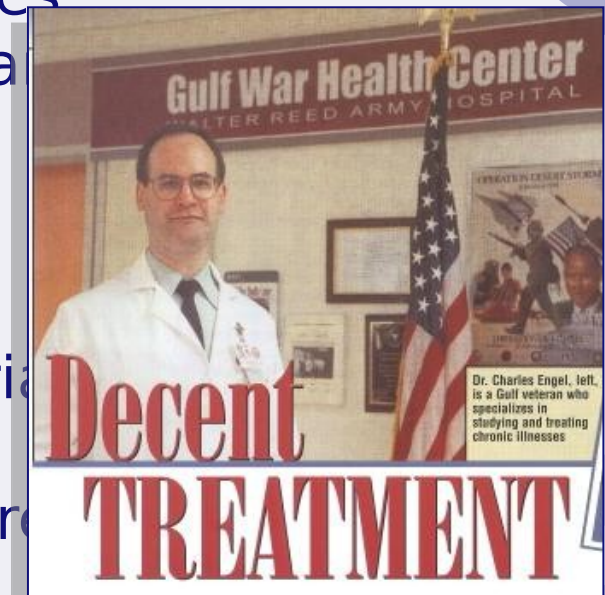
♠ Clinical Services

- Specialized Care Programs
- Clinician and Service Member Helplines
- Worldwide Ambulatory Referral Program

DHCC Experience

♠ Outreach and Education

- www.PDHealth.mil
- Email Newsletter
- Deployment-Related Education Materials
- Staff Training and Assistance Team
- Annual Force Health Protection Conference



♠ Health Services Research

- Clinical Trials
- Web-Based Treatment
- Web-Based Training

- ♠ Proponent for VA/DoD Post-Deployment Health Clinical Practice Guideline

DHCC Clinical Care

Specialized Care Programs

(SCP Tracks I and II)



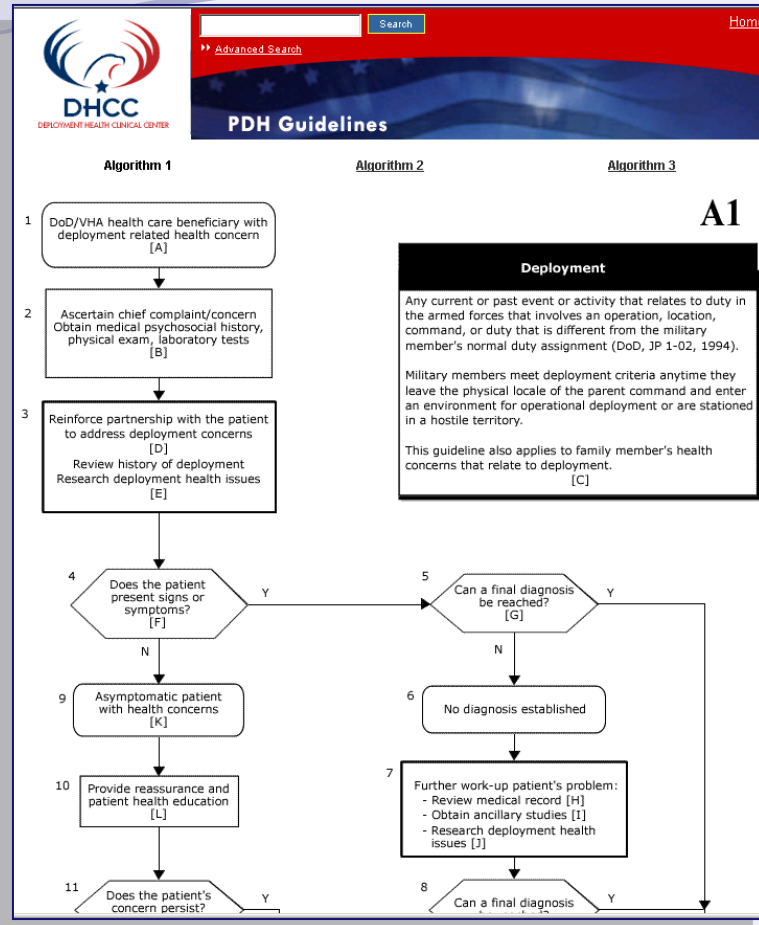
- ♠ Intensive, **3-week, multidisciplinary, rehabilitative program** for patients with deployment-related chronic illness or Medically Unexplained Symptoms or post-operational stress
- ♠ Available to **all military members and family members** who continue to have problems after going through PDH-CPG based care at local MTF and meet admission criteria (e.g., ambulatory, patient education, counseling, capable of some exercise) (**Track II for military members only**)
 - Physical conditioning
 - Occupational therapy
 - Relaxation training
 - Cognitive-behavioral therapy
 - Nutritional counseling
 - Exposure therapy

Toolbox Table of Contents



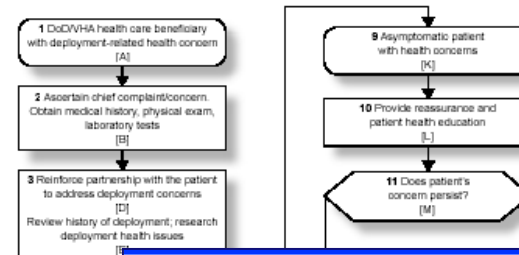
Contact Information and Resources
PDH-CPG Guideline Elements
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Process Improvement and Metrics

PDH-CPG Algorithms

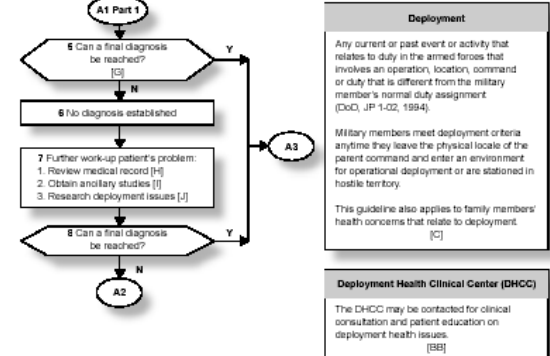


Toolbox Reference Cards

PDH-CPG Algorithm 1 (Part 1)



PDH-CPG Algorithm 1 (Part 2)



Interactive
Guideline on

Toolbox Reference Cards

PDH-CPG Provider Reference Card



Key Elements

♠ Provides synopsis of PDH-CPG

Key Elements

- Identify if health concerns are deployment-related
- Triage patients and seek to reach a working diagnosis
- Manage asymptomatic patients with health concerns
- Manage patients with established diagnosis
- Manage patients with unexplained

Key Elements of PDH Patient Care

- Identify if health concerns are deployment-related
 - Ask screening questions: *Deployment related? Yes/No/Maybe*
 - Establish partnership with patient (risk communication)
 - Document post-deployment concern in chart and code ADS
 - Between initial visit and follow-up, research exposure/concern; consult www.PDHealth.mil

Triage patients and seek to reach a working diagnosis

- Perform evaluation of history, ancillary tests, assessments, records review
- Identify patient problem type
 - Asymptomatic with concern (algorithm A1, box 9)
 - Unexplained symptoms (algorithm A3, box 14)
 - Established diagnosis for concern (algorithm A2, box 29)

Manage asymptomatic patients with health concerns

- Provide reassurance and education (risk communication)
- Research as needed
- If concern persists, re-evaluate and consider consults



Key Elements of PDH Patient Care (Side Two)

Manage patients with established diagnosis

- Document diagnosis
- Identify appropriate disease management guideline
- Initiate appropriate treatment plan
- Provide patient education and risk communication
- Collaborate with DHCC as needed
- Follow-up with patient per disease-specific guidance or as appropriate

Manage patients with unexplained symptoms

- Re-evaluate data; consult with colleagues
- Reinforce patient-clinician relationship
- Provide information about unexplained symptoms
- If acute or progressive symptoms, do additional ancillary studies
- Consider specialty and/or second opinion consults and referrals
- Consider collaboration with DHCC via phone, e-mail or Web
- Monitor changes in status
- Follow-up for continuity of care



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PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003



Toolbox Reference Cards

PDH Clinic Visit



♠ Provides **guidance for training screeners** about the deployment-related question

- How to ask the question
- Emphasizes that deployment is not necessary to have PDH concerns
- How to respond to patients' questions

PDH Concerns Clinic Visit Guidance

How to ask the question: "Is your health concern today related to a deployment?"

Focus on chief complaint rather than if patient has any PDH complaints

Deployment is not necessary for patient to have PDH concerns

- Spouse or child may have concern related to sponsor's recent deployment
- Patient may have questions about future or past deployments
- Ask this question whether patient is active duty, retired, family member, veteran, deployed or non-deployed

How to respond to patients questions

1) "What do you mean?" or "What do you mean, deployment-related?"

Goal is to record patient's perception of deployment-relatedness not your own

- To help patient answer, ask if patient or a loved one has been deployed.
If so, is today's visit related to that deployment
- Review examples of deployment concern or condition (see reverse)
- 2) "What is deployment?" Avoid narrow definitions of deployment. Offer a few examples (see reverse), and return to the question: "Do you feel your health concern today is related to deployment?"
- 3) "I don't know"
- When in doubt



PDH Concerns Clinic Visit Guidance (Side Two)

Deployment Examples

Overseas Deployment

- Military liaison and training support
- Humanitarian assistance
- Low-intensity conflict
- Peacekeeping
- Joint or coalition force exercises
- Combat/War

Within the US

- Fighting forest fires
- Maintaining civil order
- Construction projects
- Providing disaster relief
- Responding to terrorist attack
- Drug interdiction
- Airport security

Deployment-Related Concern or Condition Examples

- Deployed man twists his ankle; injury persists after returning home
- Post-deployed woman blood-donor expresses concern about donating
- Although not deployed, man is concerned about effects of vaccine
- Spouse complains of rash after washing clothes worn by member while deployed
- While deployed, woman suffers a toxic exposure and later gets sick from it
- Spouse complains that her child is having nightmares since member returned from combat



Revised PDH Visit Coding Desk Reference Card



♠ Revised May 2005

♠ Being revised again based on new coding guidelines released February 2007

PDH Visit Coding

PDH Visit Coding

At All **Deployment-Related Visits** at least **two ICD*** codes must be assigned and documented by the provider. *(For a description of deployment-related visits, see the PDH Clinic Visit Desk Reference Card.)*

In Primary Position: V70.5_6, Deployment-Related Visit and

In Secondary Position: ICD Code(s) for Deployment-Related Presenting Problem(s):

- Asymptomatic Concerned — V65.5
- Specific Diagnosis or Symptom(s) — Applicable ICD diagnosis-specific or symptom-specific code(s)
- Medically Unexplained Symptoms (MUS) or Medically Unexplained Physical Symptoms (MUPS) — 799.89 *(For a description of MUS/MUPS, consult the Medically Unexplained Symptoms Desk Reference Card)*

* ICD — International Classification of Diseases

D Diagnosis Code Definition	
5.5	person with feared complaint in whom no diagnosis was made)
3.21	normal weight loss)
5.2	ishmaniasis, cutaneous, Asian desert)

Medically Unexplained Symptoms or Medically Unexplained Physical Symptoms, Deployment-Related	49 y/o retired E-8 has been evaluated over 3 months (5 visits) for intermittent joint pain, intermittent vertigo and severe fatigue. Patient states belief he was exposed to something in Kuwait on mission two years ago. Work-up to date is complete, but negative.	V70.5_6	799.89 (other ill-defined conditions and unknown causes of morbidity)
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PDH-CPG Tool Kit Pocket Cards Version 1.0 May 2005

Toolbox Table of Contents



Contact Information and Resources

PDH-CPG Guideline Elements

Specific Medical Conditions and Concerns

Risk Communication

Screening and Outcome Measures

Training

Process Improvement and Metrics

Toolbox Reference Cards

Chemical/Biological/Radiological



Biological Agents

Biological Agents: General Guidance*

Diagnosis: Be Alert to the Following:

Chemical Agents: General Guidance*

Diagnosis: Be Alert to the Following:

- Groups of individuals becoming ill around the same time
- Any sudden increase of illness in previously healthy individuals
- Any sudden increase in the following non-specific illnesses:
 - Sudden unexplained weakness in previously healthy individuals
 - Dimmed or blurred vision
 - Hypersecretion syndromes (like drooling, tearing, and diarrhea)
 - Inhalation syndromes (eye, nose, throat, chest irritation; shortness of breath)
 - Burn-like skin syndromes (redness, blistering, itching, sloughing)
- Unusual temporal or geographic clustering of illness (for example, patients who attended the same public event, live in the same part of town, etc.)



* The information in this card is not meant to be complete, but to be a quick guide. Please consult other references and expert opinion and check drug dosages, particularly for pregnancy and children.



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PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003



Radiological Agents

Radiological Agents: General Guidance*

Diagnosis: Be Alert to the Following:

- Acute radiation syndrome (Table 1) follows a predictable pattern after

ed in Table 2, over a longer
sources hidden in the community
2-3 week prior history of

mented heat exposure
infections
(including, petechiae)
emia, and thrombocytopenia)

m for the Office of
ment of Veterans Affairs

complete, but to be a quick guide. Please consult other
dosages, particularly for pregnancy and children.



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Pocket Cards Version 1.0 December 2003



Radiological Agents

Biological Agents

Chemical Agents

Toolbox Reference Cards

Associated Guidelines

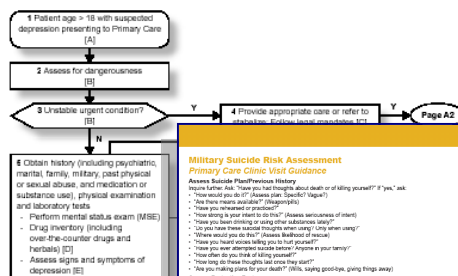
Symptoms

Medically Unexplained Symptoms (MUS) Guideline Key Elements

- Establish that the patient has MUS
- Obtain a thorough medical history, physical examination, and medical record review
- Minimize low yield diagnostic testing
- Identify treatable cause (conditions) for patient's symptoms
 - Graded aerobic exercise with close monitoring
 - Cognitive behavioral therapy (CBT)
- Determine if patient can be classified as Chronic Multi-Symptom Illness (CMI) or has a more symptom cluster dysfunction, or sleep

BATHE Technique: Part of function
Background: "What's the story?"
Affect: "How do you feel?"
Trouble: "What trouble are you having?"
Handle: "What helps you?"
Empathy: "This is a tough situation for you."

MDD Guideline Algorithm Page A1



Military Suicide Risk Assessment

Primary Care Clinic Visit Guidance

Assess Suicide Plan/Previous History

History: Have you ever had thoughts about death or of killing yourself? If "yes," ask:

• "How would you do it?" (Assess plan, specific, vague?)

• "Has there been suicidal ideation?" (Thoughts?)

• "Have you ever attempted suicide?"

• "How long has your suicidal ideation been going on?" (Assess seriousness of intent)

• "Do you have these suicidal thoughts when using only when using?"

• "Where would you do it?" (Assess likelihood of success)

• "Have you ever been talking to a friend about this?"

• "Have you ever attempted suicide before?" (Assess your history)

• "How long do you think it will take to get better?"

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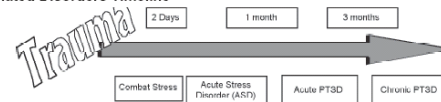
♠ Medically Unexplained Symptoms

♠ Major Depressive Disorder

♠ Suicide

Post Traumatic Stress Disorder

Trauma-Related Disorders Timeline



Key Terms

- Trauma:** Extreme traumatic stressor involving direct personal experience, witnessing, or learning about an event involving actual or threatened death or injury. Response must involve intense fear, helplessness, or horror.
- Clinically Significant:** Causes distress or impairment in social, occupational, and other important areas of functioning.
- Acute Stress Reaction (ASR) during Ongoing Military Operation or Combat and Operational Stress Reaction (COSR):** Physical, mental, and emotional signs resulting from heavy mental and emotional work during difficult conditions. Symptoms—including depression, fatigue, anxiety, decreased concentration/memory, and hyperarousal—that do not resolve within 4 days of event.
- Acute Stress Disorder (ASD):** Clinically significant dissociative symptoms (such as a sense of numbing and detachment, or amnesia), trauma re-experiencing, situation avoidance, and increased arousal symptoms for > 2 days, but < 1 month after exposure to a trauma.
- Post Traumatic Stress Disorder (PTSD):** Clinically significant trauma re-experiencing, situation avoidance, and increased arousal symptoms for > 1 month after exposure.
 - Acute: Symptoms > 1 month, < 3 months
 - Chronic: Symptoms ≥ 3 months
 - Delayed Onset: Onset ≥ 6 months

♠ PTSD
(in Toolboxes starting Jan 05)



Toolbox Reference Card

Vaccine Healthcare Centers Network



www.vhcinfo.org

Vaccine Health

National Vaccine Healthcare Centers Network

24/7 Clinical Consultations Through the Internet/Phone

- Local Number: (202) 782-0411 • DSN: 662-0411
- Email: askVHC@amedd.army.mil

Web-Based Resources at www.vhcinfo.org

- Immune Readiness Distance Learning
 - Earn CMEs/CEUs
 - Modules include:

<ul style="list-style-type: none"> • Anthrax • Hepatitis A • Hepatitis B • Hepatitis B Advanced • Haemophilus Influenza b • Immune Sys • Influenza • Introduction • Japanese E 	<ul style="list-style-type: none"> • Measles • Meningococcal • Mumps • Pneumococcal • Polio 	<ul style="list-style-type: none"> • Smallpox Vaccine Administration • Tetanus-diphtheria (Td) • Typhoid • Vaccine Storage & Handling
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- Cardiac/Small
- Vaccine Clinic

National Vaccine Healthcare Centers Network

The **Mission** of the National Vaccine Healthcare Centers Network is to enhance the medical readiness of the Department of Defense (DoD) by acting as a specialized clinical support system for the development and implementation of programs, research, and services that enhance vaccine safety, efficacy and acceptability.

The **Vision** of the National Vaccine Healthcare Centers Network is to develop collaborative centers of excellence for vaccine safety that support education, focused clinical services for adverse events case management, Department of Defense/Centers for Disease Control and Prevention rare adverse events surveillance and case definition, research and continuous quality improvement of immunization healthcare and vaccine adverse events reporting.

Regional Sites

<p>Walter Reed Regional Vaccine Healthcare Center P.O. Box 59605 Washington, D.C. 20012-0605 Phone: (202) 782-0411 DSN: 662</p> <p>Fort Bragg Regional Vaccine Healthcare Center Womack Army Medical Center Bldg 1-2539 Hamilton Street Fort Bragg, NC 28310-0001 Phone: (910) 432-4015 DSN: 239</p>	<p>Naval Medical Center Portsmouth Regional Vaccine Healthcare Center 620 John Paul Jones Circle Portsmouth, VA 23708-2111 Phone: (757) 953-9150 DSN: 377</p> <p>Regional Vaccine Healthcare Center Willford Hall Medical Center 2131 Pepperrell Street, Bldg 3350 Lackland AFB, TX 78236-5314 Phone: (210) 292-0482 DSN: 554</p>
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www.vhcinfo.org askVHC@amedd.army.mil

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003

Emerging Health Concerns (EHC) Resources on www.PDHealth.mil



- ♠ Reference sources
 - Tri-Service policies and directives
 - Related internet links
- ♠ Provider information
 - Clinical guidance
 - Fact sheets
 - Forms and measures
 - Educational material
- ♠ Patient information
 - Fact sheets
 - Educational material

The screenshot displays the PDHealth.mil website interface. At the top, there is a search bar and a 'Home' link. Below the navigation bar, the 'Emerging Health Concerns' section is highlighted. It includes a paragraph about health issues during deployments and a list of topics: Update, Acinetobacter, Acute Eosinophilic Pneumonia, Anthrax, Combat/Operational Stress, Depleted Uranium, Influenza, Leishmaniasis, Malaria, Mefloquine/Lariam, SARS, Traumatic Brain Injury, Tuberculosis, West Nile Virus, and Related Links. To the right, there is a photo of soldiers and a 'DHCC Daily News' section with links to subscribe to the newsletter and an immunization leaders course. Below the main content, there are two overlapping documents: 'Depleted Uranium Exposure Medical Management Process Flow DoD Process Summary' and 'Depleted Uranium Exposure Medical Management Process Flow Lab Results'.

Emerging Health Concerns

Throughout the course of deployments in support of Operations ENDURING FREEDOM, IRAQI FREEDOM, and other contingency operations, health issues come to the forefront of interest and concern. These health concerns may be related to environmental exposures, or infectious diseases endemic to current areas of operation, or to other preventive and clinical medicine issues. The categories of information will receive additions and modifications as new deployment-related health concerns and new information about those concerns emerge.

- [Update](#)
- [Acinetobacter](#)
- [Acute Eosinophilic Pneumonia](#)
- [Anthrax](#)
- [Combat/Operational Stress](#)
- [Depleted Uranium](#)
- [Influenza](#)
- [Leishmaniasis](#)
- [Malaria](#)
- [Mefloquine/Lariam](#)
- [SARS](#)
- [Traumatic Brain Injury](#)
- [Tuberculosis](#)
- [West Nile Virus](#)
- [Related Links](#)

DHCC Daily News

[Subscribe to the DHCC Newsletter](#)

[Immunization Leaders Course](#)
Date: 9/13/2006

Depleted Uranium Exposure Medical Management Process Flow DoD Process Summary

Depleted Uranium Exposure Medical Management Process Flow Lab Results

Depleted Uranium Card

Toolbox Table of Contents



Contact Information and Resources

PDH-CPG Guideline Elements

Specific Medical Conditions and Concerns

Risk Communication

Screening and Outcome Measures

Training

Process Improvement and Metrics



Toolbox Reference Cards

Risk Communication

- ♠ Definition
- ♠ Factors in gaining trust and credibility
- ♠ *ENVITE* mnemonic

Health Risk Communication

Risk Communication

Re-deploying or post-deployment military members may have been exposed to such non-battle-related health threats as infections, pathogen- or vector-borne diseases, toxicants, and psychological and physical stress. Unfamiliar potential health threats such as depleted uranium exposure and the variety of both accurate and inaccurate descriptions of these threats in the press can cause military patients to have high concern about their illnesses. Coping with and frustration. To provide skills for communication.

Risk Communication

- High concern
- Low trust
- Sensitive situations
- Controversial situations

In a low trust, high concern situation:

- Mistakes are amplified
- Negatives are amplified
- Clinician communication is critical

DHCC

Risk Communication (Side Two)

Factors in Gaining Trust and Credibility (in descending order of importance)

- Empathy
- Caring
- Personal Commitment
- Honesty
- Openness
- Expertise

Remember ENVITE

ENVITE

- E**mpathy
- N**on-Confrontational
- V**alidate
- I**nteract
- T**ake Action
- E**nlist Cooperation

DHCC Clinical PDH

Risk Communication Reminder

ENVITE

- E**mpathy
 - Listen actively
 - Confirm what you hear
 - Express concern
 - Convey genuine desire to assist
- N**on-Confrontational
 - Subordinate need to be "right" to obligation to relieve suffering
 - Never argue with patients or their loved ones
- V**alidate
 - Validate patient's decision to seek health care advice through medical consultation

Inform

- Offer data followed by a short "sound bite" addressing patient concerns
- Repeat for emphasis

Take Action

- Describe options
- Schedule follow-up
- Refer to www.PDHealth.mil if needed
- Consider consultation or second opinion

Enlist Cooperation

- Consult and collaborate with patient
- Negotiate a treatment or action plan with patient input



DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003

DHCC

Toolbox Table of Contents



Contact Information and Resources
PDH-CPG Guideline Elements
Specific Medical Conditions and Concerns
Risk Communication
Screening and Outcome Measures
Training
Process Improvement and Metrics

Deployment Health Assessment Forms and Primers



♠ DD Form 2795, Pre-Deployment Health Assessment

- Reviewed by a credentialed provider for positive responses

♠ DD Form 2796, Post-Deployment Health Assessment

- Face to face assessment by trained health care provider (physician, physician assistant, nurse practitioner, independent duty corpsman/medical technician)

♠ Available on www.PDHealth.mil

DD Form 2795

DD 2795 Primer

DD Form 2796

DD 2796 Primer

Enhanced PDHA Process Resources



- ♠ Guidance for Completing DD Form 2796
- ♠ PDHA Policies & Directives
- ♠ Deployment Exposures Information
- ♠ Redeployment Briefing
- ♠ PDHA Training Videos

Deployment Health Clinical Training Series
January 27-29, 2004
Provider Helpline: 1-866-553-1627
www.PDHealth.mil

Pre- and Post-Deployment Health Assessment Process
COL Paula K. Underwood, MD, MPH
Preventive Medicine Staff Officer
Office of the Army Surgeon General

DD Form 2796 Primer: Post-Deployment Health Assessment (PDHA)
Each re-deploying service member must complete a Post-Deployment Health Assessment using the revised Post-Deployment Health Assessment Form (DD 2796). Completion of the DD 2796 is a key component of the PDHA and must also include a face-to-face interview with a trained health care provider. Directed at the individual's health status and concerns at re-deployment, the screening is also used to document health events and enhance future force health.

DD Form 2796 is mandatory for re-deploying military personnel from every Service, including Reserve Component personnel.

A credentialled health care provider must help with and discuss the form during the face-to-face post-deployment health assessment interview. These providers include:

- Physicians
- Physicians Assistants
- Nurse Practitioners
- Independent duty component/technicians

DD 2796 is to be completed within 5 days before or after re-deployment.

If this is not possible, the member's commander should ensure that it is completed, processed, and filed in the permanent medical record within 30 days of the member's return.

Forms Completion Roles and Responsibilities

- Military Member** completes the Demographics and Health Assessment sections on Pages 1-3 with assistance from the medical screener, if needed.
- Demographics:** Includes identification information, Branch of Service, pay grade, and deployment location and dates.
- Health Assessment:** Comprises 18 screening and trigger questions related to the current deployment.
- Health Assessment Administrator** fills out Administrator Use Only section on Page 1 and answers the questions. The administrator can be a medical technician, medic, or corpsman. Positive responses to questions 2-4, 7-8 must be referred to a credentialled provider.

DEPLOYMENT EXPOSURES

DEET INSECT REPELLENT

DD Form 2796 - In accordance with regulation and policy, all deployment will complete Health Assessment and assessment by a trained physician assistant, nurse corpsman/medical technician to review each service health or psychosocial issues, special deployment, possible deployment-related health or occupational/environmental deployment-related health require use of supplemental referrals for medical concerns and referral to help resolve any post-completed DD Form 2796 individual's permanent record (electronic) will be sent to (AMSA).

Serum Sample - In addition from each individual not demobilization site or Serum Repository.

TB Screening - Personnel require TB screening up specific policies.

Malaria Chemoprophylaxis - taking malaria chemoprophylaxis evaluated for terminal in accordance with Service.

Redeployment Briefing - significant health events conducted individually.

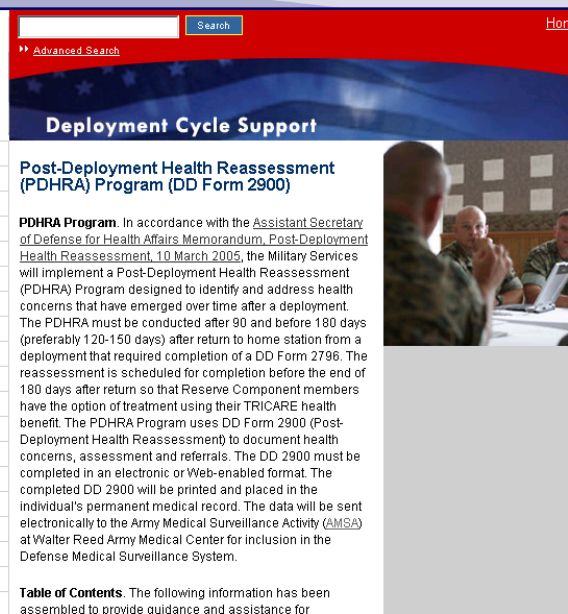
Available on
www.PDHealth.mil

Toolbox DD2796

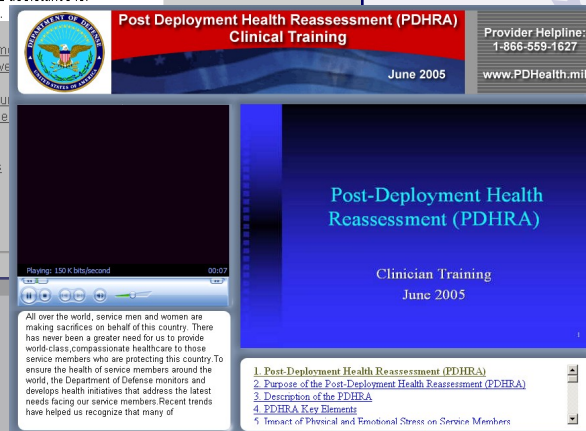
PDHRA Process Resources



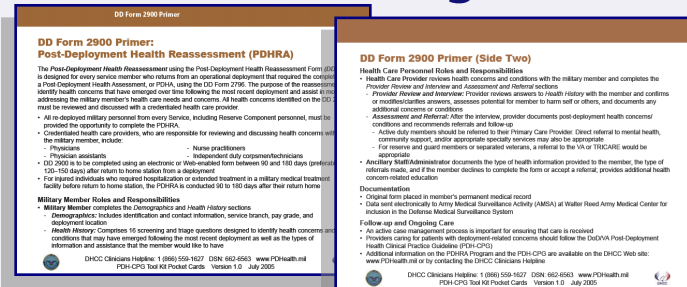
- ♠ Clinical Guidance
- ♠ PDHRA Policies & Directives
- ♠ Information for Concerns Related to
 - Deployment Exposures
 - Medical
 - Behavioral Health
- ♠ Healthcare Resources
- ♠ PDHRA Training Material



- Clinical Guidance for Implementing
- PDHRA Policies and Directives
 - DoD Joint Forces
- Screening Forms and Measures
- Deployment Exposure Concern Form 2900
- Medical Concerns
- Behavioral Health Concerns
- Health Care Resources
- Education and Training
- Related Links



Available on
www.PDHealth.mil



Toolbox DD2900 Primer

DD Form 2844 - Post Deployment Medical Assessment Form and Primer



DD Form 2844

♠ Optional form

♠ Used in place of SF 600

for documenting post-deployment evaluation

leted on

DD Form 2844 Primer (Side Two)

Form Structure and Completion Roles and Responsibilities (Cont.)

- Section II—Medical History, Assessment, Diagnosis and Treatment (Items 20-29): health care provider or screener and comprises:
 - Part A—History of Present Illness
 - Part B—Directed Physical Exam
 - Part C—Diagnosis
 - Part D—Treatment Plan
 - Part E—Referral
 - Part F—Follow-up Appointment

- May include information from other completed questionnaires, for example:
 - PTSD Checklist (PCL)
 - Patient Health Questionnaire (PHQ)
 - Short Form 36 (SF-36)
 - Post-Deployment Health Clinical Assessment Tool (PD-CAT)

Form Processing

- The health care provider should facilitate appropriate referrals and follow-up based on response.
- Original DD 2844 form should be placed in the patient's permanent medical record.

Follow-up and Ongoing Care

- All military health system beneficiaries with health concerns they believe are deployment-related, regardless of time of identification, are encouraged to seek medical care.
- Patients should be asked, "Is your health concern today related to a deployment?"
- If the patient replies "yes," the provider should follow the Post-Deployment Health Clinical Assessment Tool (PDH-CAT) available through the DHCC and www.PDHHealth.mil.

DHCC Clinicians Helpline: 1 (866) 556-1627 DSN: 662-6563 www.PDHHealth.mil
PDH-CAT Tool Kit Pocket Cards Version 1.0 December 2003

DD Form 2844 Primer

DD Form 2844 Primer: Post-Deployment Medical Assessment

The *Post-Deployment Medical Assessment Form (DD 2844)* is a voluntary form used for patients presenting with post-deployment health care concerns in a primary care setting. The form facilitates outpatient treatment documentation by annotating key aspects in the assessment, management, and treatment of patients with deployment-related health concerns.

- DD 2844 may be used in lieu of SF 600 only for patients with deployment-related health concerns
- DD 2844 does not take the place of the DD 2796 (See DD 2796 Primer)
- DD 2844 use is determined by Service-specific and local clinic policy

Form Structure and Completion Roles and Responsibilities

- Section I—Patient Vital Signs (Items 1–13) is completed by the health care provider or screener and comprises vital signs, demographics, tobacco use, allergies, special work status, and duty title
- Section II—Patient Information (Items 14–19) is completed by the patient or health care provider or screener from patient responses and comprises patient symptoms, deployment history, concerns, medication and immunizations, additional demographics, and privacy statement and signatures

The form is titled "MEDICAL RECORD - POST DEPLOYMENT MEDICAL ASSESSMENT". It includes sections for patient information, medical history, physical exam, diagnosis, treatment, and follow-up. The form is designed to be completed by a health care provider or screener.

DD FORM 2844 TEST, APR 2001

The back of the form includes a section for "PATIENT INFORMATION" and a "Reset" button.

DD 2844 Primer

DHCC Clinicians Helpline: 1 (866) 556-1627 DSN: 662-6563 www.PDHHealth.mil
PDH-CAT Tool Kit Pocket Cards Version 1.0 December 2003

SF-36v2 - Health Survey Form and Primer



SF-36v2

- ♠ Short, generic measure of health-related functioning
- ♠ Comprised of 36 questions asking the patient to describe physical or emotional problems over the past four weeks

- ♠ Can be completed and scored on line at www.PDHealth.mil

SF-36v2™ Health Survey

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is: [Click on the circle that best describes your answer.]

Excellent C	Very Good C	Good C	Fair C	Poor C
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2. Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago C	Somewhat better now than one year ago C	About the same as one year ago C	Somewhat worse now than one year ago C	Much worse now than one year ago C
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3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? [Click on a circle on each line.]

a. Vigorous Activities, such as running, lifting heavy objects, participating in strenuous sports	Yes, limited a lot C	Yes, limited a little C	No, not limited at all C
b. Moderate Activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	C	C	C
c. Lifting or carrying groceries	C	C	C
d. Climbing several flights of stairs	C	C	C
e. Climbing one flight of stairs	C	C	C
f. Bending, kneeling, or stooping	C	C	C
g. Walking more than a mile	C	C	C
h. Walking several hundred yards	C	C	C
i. Walking one hundred yards	C	C	C
j. Bathing or dressing yourself	C	C	C

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
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SF-36 Primer

SF-36v2 Primer (Side Two)

SF-36 Scoring (Cont.)

- Two summary scales can be used
 - Physical Component Score (PCS): Combines PF, RP, BP, and GH
 - Mental Component Score (MCS): Combines VT, SF, RE, and MH
- Scale scores are a sum of all items in the specific scale and do not require further standardization or weighting
 - Scores are standardized to a 0-100 range converting the lowest possible score to 0 and the highest to 100
 - Scores are norm-based: Mean = 50, Standard Deviation = 10

Score Interpretation

- 50 is average; 0-49 is below average; 51-100 is above average
- Score standardization facilitates quick interpretation
- Scale scores can be interpreted based on deviation from the mean: 10 points = 1 Standard Deviation

Scores below 50 indicate below average health status and should trigger further investigation, with increased further follow-up.

Follow-up:

- All items collected regard to health status
- Patients collected all pertinent information
- If the patient is not a patient, the patient's information will be used

SF-36v2 Primer: 36-Item Short-Form Health Survey Version 2.0

The Short-Form 36 Health Survey Version 2.0 (SF-36) is a multipurpose health survey that measures overall health status, functional status, and health-related quality of life. It is a generic measure and its use is not restricted to a single disease state. Using an eight-scale profile of physical and mental health summary measures, the SF-36 is a valid and reliable tool that allows comparisons between and within clinical and general populations.

- The SF-36 is used to monitor specific and general populations to estimate disease burden
- After deployment, the SF-36 can be used to quantify the severity of an individual's post-deployment health issue at any point in time as well as allowing comparisons of his or her health status over time

Administering the SF-36 Health Survey

- The SF-36 can be completed by the patient using pencil and paper or computerized administration as well as by a trained administrator on the patient's behalf
- The survey can usually be completed within 5-10 minutes

SF-36 Scoring

- The survey produces 8 scale scores:
 - Physical Functioning (PF)
 - Role Physical (RP)
 - Bodily Pain (BP)
 - General Health Perceptions (GH)
 - Vitality (VT)
 - Social Functioning (SF)
 - Role Emotional (RE)
 - Mental Health (MH)

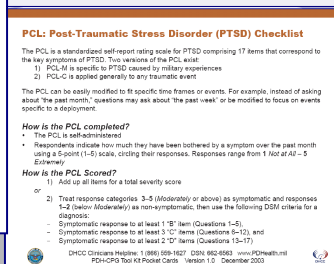
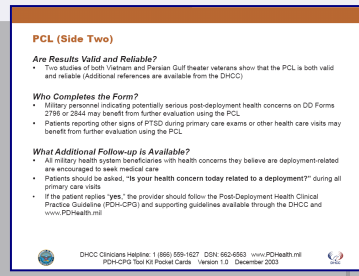
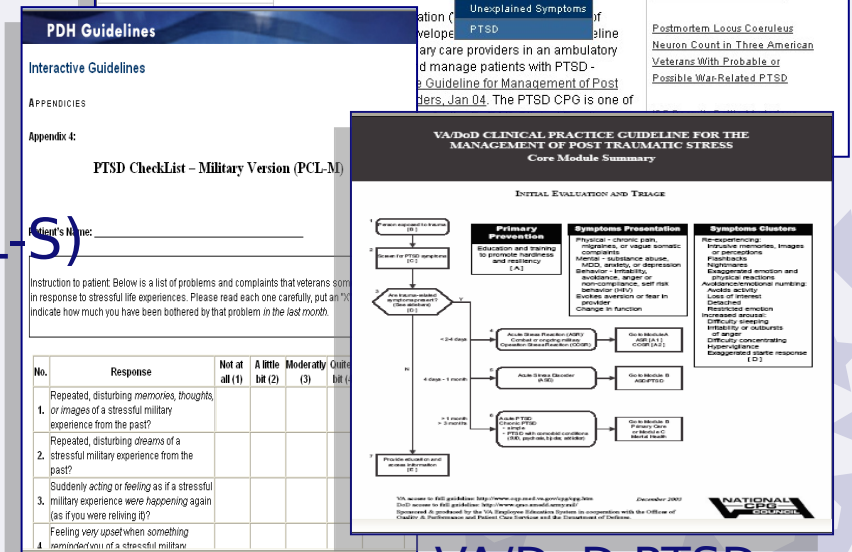
DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003

Post Traumatic Stress Disorder Checklists, Primer and CPG Resources on www.PDHealth.mil



♠ Post Traumatic Stress Disorder Checklists (PCL)

- Assesses trauma-related distress
- Self-administered
- 3 Versions
 - Civilian Version (PCL-C)
 - Military Version (PCL-M)
 - Stress Specific Version (PCL-S)



PCL

PCL-M

VA/DoD PTSD CPG

Additional Assessment and Outcome Tools



PHQ

- ♠ PHQ - Patient Health Questionnaire
 - Screens and monitors status of common health conditions

Patient Health Questionnaire™ (PHQ)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

Name _____ Age _____ Sex: ☐ Male ☐ Female Today's Date: _____

1. During the last 4 weeks, how much have you been bothered by any of the following problems?

	Not at all	Not bothered	Bothered a little	Bothered a lot
a. Stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain in your arms, legs, or joints (knees, hips, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Menstrual cramps or other problems with your periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pain or problems during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Feeling your heart pound or race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Constipation, loose bowels, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Nausea, gas, or indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed it, or feeling so restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thought that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHQ-9 (PROMIS-28) Form 10-1 (all items have a 5-point scale from 0 to 4) and a link to the information and the PHQ-9 (PROMIS-28) form at www.healthcare.gov (search for "PHQ-9") or at www.healthcare.gov (search for "PHQ-9")

PDCAT

- ♠ PDCAT - Post Deployment Health Clinical Assessment Tool

- Measures certain aspects of physical and mental health
- Useful in following post-deployment health conditions

Post Deployment Clinical Assessment Tool

For provider use only

☐ Intake ☐ 3Mo Fu ☐ 6Mo Fu

PRIVACY ACT STATEMENT – Post Deployment Clinical Assessment Tool

AUTHORITY: 5 U.S.C. 301; and Executive Order 9397

PRINCIPAL PURPOSE: The Post Deployment Clinical Assessment Tool (PDCAT) is being administered to assist in providing appropriate care for you and/or your family in relation to deployment, bio-terrorism, and other threats. This tool will also assist in planning to provide better care to our beneficiaries in the future. The PDCAT will be used by your health-care manager in coordination with your primary care manager to tailor optimum care for you.

ROUTINE USES: None

DISCLOSURE: Voluntary. Failure to respond will not result in any penalty. However, maximum participation is encouraged so that data will be complete and representative. Your PDCAT form will be treated as confidential.

I HAVE READ THE ABOVE AND UNDERSTAND THE INFORMATION.

Print Name _____

Signature _____

PRIVACY ACT STATEMENT _____

Date Completed / /

Patient Identification _____

Version 7: 20May03 1 PDCAT

Toolbox Table of Contents



Contact Information and Resources

PDH-CPG Guideline Elements

Specific Medical Conditions and Concerns

Risk Communication

Screening and Outcome Measures

Training

Process Improvement and Metrics

Educational Resources

DHCC Education and Training Resources

PDH-CPG Tool Kit CDs

- **Clinical Practice Guidelines—Evidence-Based Medicine**
 - Compilation of DoD/VA-developed Clinical Practice Guidelines
 - Draws information from various sources; for best results, connect to the Internet while using this CD
- **PDH-CPG Interactive Guideline**
 - Complete text and algorithms for DoD/VA Post-Deployment Health Clinical Practice Guideline; also found on PDHealth.mil
- **PDH-CPG Webinars**
 - Brief Training Modules

PDH Staff Assistance and Training (STAT) Team

- For planning individualized training events/products
 - 1-866-559-1627; DSN 642-0907

Education and Training Resources on PDHealth.mil

- | | |
|-----------------------------------|---|
| • Multi-Media Training Center | • Deployment Health Library |
| • Conference announcements | • Condition-specific fact sheets and educational products |
| • Distance learning opportunities | • Patient education and risk communication materials |
| • Events archive | |



DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003



Toolbox Table of Contents



Contact Information and Resources

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Process Improvement and Metrics



Implementation Metrics



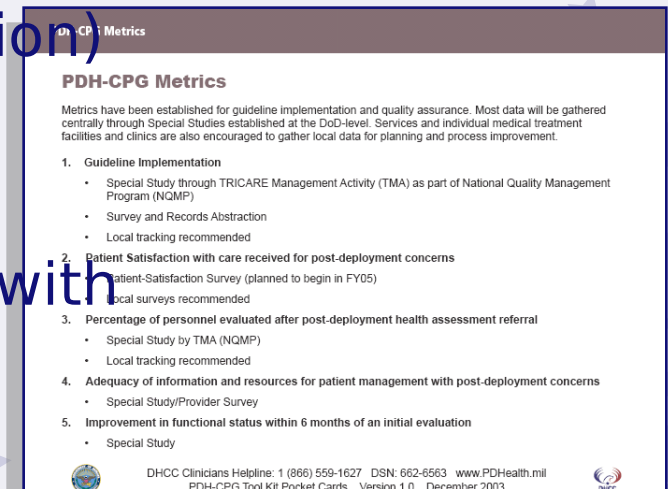
♠ Chart Audit

- Documentation that beneficiary was asked if their visit was deployment-related
- If visit was deployment-related, was (Optional) DD Form 2844 used?
- If visit was deployment-related, was a specialty referral made? (Provider's discretion)

♠ Electronic Records Review

- Ambulatory encounters for post-deployment concern were coded with ICD-9 code (V70.5_6) in ADM

♠ Provider Survey



4 Compact Discs (CDs) of Reference and Training Resources



- ♠ Stand-alone copy of the PDH-CPG Interactive Guideline
- ♠ PDH-CPG Training Briefs
- ♠ Deployment Health Clinical Training Series
- ♠ MEDCOM CD containing Clinical Practice and Disease Management Guidelines
(Updated CD Version 3.0 Feb 07 available from MEDCOM QMO Web site
www.qmo.amedd.army.mil)

PDH-CPG Training Briefs



♠ Produced by DHCC Jan

04

♠ 7 video modules
from 7-12 minutes

♠ Developed for
medical providers
and support staff

♠ CD in Toolbox and
posted on DHCC

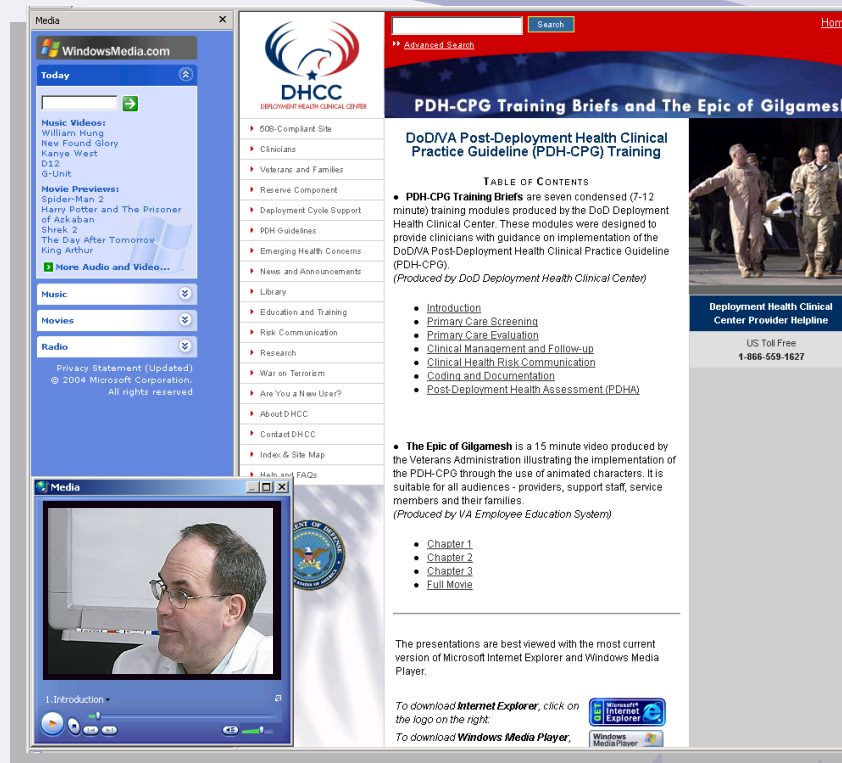


Table of Contents

♠ Introduction
♠ Primary Care
Screening
♠ Primary Care
Evaluation

♠ Management & Follow-

♠ Health Risk Communication
♠ Coding and Documentation
♠ PDHA

Deployment Health Clinical Training Series



- ♠ Produced by DHCC Jan 04
- ♠ 11 modules from 17-47 minutes
- ♠ Video, script, slides
- ♠ Developed for medical providers and support staff
- ♠ CD in Toolbox and posted on DHCC Web site www.PDHealth.mil

Deployment Health Clinical Training Series
January 27-29, 2004
Provider Helpline: 1-866-559-1627
www.PDHealth.mil

What Is DHCC?

Deployment Health Centers of Excellence

- ★ **Deployment Health Clinical Center**
at Walter Reed Army Medical Center
- ★ **Deployment Health Research Center**
at Naval Health Research Center in San Diego
- ★ **Deployment Health Surveillance Center**
at Center for Health Promotion & Preventive Medicine

Section 743 of the Strom Thurmond National Defense Authorization Act, 1999
National Science and Technology Council Presidential Review Directive 5
(PRD - Planning for the Health Preparedness for and Readjustment of the Military, Veterans, and their Families after Future Deployments)
Institute of Medicine, Strategies to Protect the Health of Deployed U.S. Forces, 2006

LTC Charles C. Engel, Jr.
2 - What is DHCC?
3 - DHCC Mission
4 - DHCC Mission-The Details
5 - Objectives

Table of Contents

♠ PDH-CPG

- Introduction/Overview
- Screening/Evaluation
- Management/Follow-up
- Risk Communication
- Coding/Documentation
- PDHA Process

♠ Emerging Health Concerns

- Suicide
- Malaria
- Depleted Uranium
- Leishmaniasis
- Vaccine Safety

DHCC Clinician/Patient Brochures



Search [Home](#)

[Advanced Search](#)

PDH Guidelines

DHCC Brochures Ordering Information

What to Order

The following DHCC Brochures are available to be ordered:

Clinician Resources - Honoring the Commitment	
Patient Resources - Our Commitment to You	
Medically Unexplained Physical Symptoms Fact Sheet for Re-Deploying Service Members	
The Specialized Care Program Track II	

A maximum number of **50** copies of each brochure can be ordered. A CD with printer-quality brochure content and printing instructions for each brochure is also available to be ordered.

Available on www.PDHealth.mil

Presentation Outline

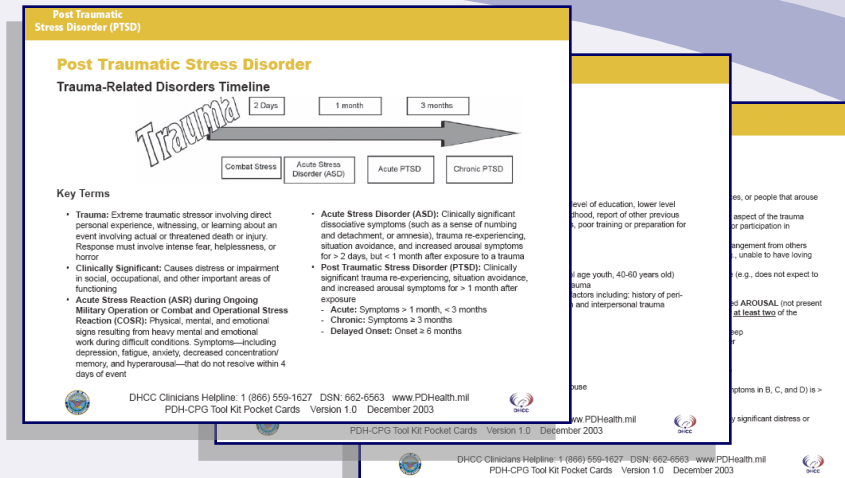
- ♠ History of the Post-Deployment Health Clinical Practice Guideline (PDH-CPG)
- ♠ Original PDH-CPG Tool Kit
- ♠ Change from Tool Kit to Toolbox
- ♠ Contents of Toolbox
- ➡♠ Updates to Toolbox

New Toolbox Reference Cards



♠ PTSD Card

- Six-sided card on Post Traumatic Stress Disorder
- Included in Toolboxes distributed since Jan 05



♠ PDHRA Card

- Two-sided card on DD Form 2900, Post-Deployment

DD Form 2900 Primer

DD Form 2900 Primer: Post-Deployment Health Reassessment (PDHRA)

The **Post-Deployment Health Reassessment** using the Post-Deployment Health Reassessment Form (DD 2900) is designed for every service member who returns from an operational deployment that required the completion of a Post-Deployment Health Assessment, or PDHA, using the DD Form 2796. The purpose of the reassessment is to identify health concerns that have emerged over time following the most recent deployment and assist in more fully addressing the military member's health care needs and concerns. All health concerns identified on the DD 2900 must be reviewed and discussed with a credentialed health care provider.

- All re-deployed military personnel from every Service, including Reserve Component personnel, must be provided the opportunity to complete the PDHRA.
- Credentialed health care providers, who are responsible for reviewing and discussing health concerns with the military member, include:
 - Physicians
 - Nurse practitioners
 - Physician assistants
 - Independent duty corpsmen/technicians
- DD 2900 is to be completed using an electronic or Web-enabled form between 90 and 180 days (preferably 120–150 days) after return to home station from a deployment.
- For injured individuals who required hospitalization or extended treatment in a military medical treatment facility before return to home station, the PDHRA is conducted 90 to 180 days after their return home.

Military Member Roles and Responsibilities

- Military Member** completes the Demographics and Health History sections
- Demographics:** Includes identification and contact information, service branch, pay grade, and deployment location
- Health History:** Comprises 16 screening and triage questions designed to identify health concerns and conditions that may have emerged following the most recent deployment as well as the types of information and assistance that the member would like to have.

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Additional information on the PDHRA Program and the PDH-CPG are available on the DHCC Web site: www.PDHealth.mil or by contacting the DHCC Clinicians Helpline

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 July 2005

Health Reassessment www.PDHealth.mil

New Deployment Health Clinical Series Presentations



♠ Medically Unexplained Symptoms (MUS) Clinical Practice Guideline, Jan 06

♠ Major Depressive Disorder (MDD) Clinical Practice Guideline, May 07

♠ Video, script, slides

♠ Developed for medical providers

♠ Available on

Deployment Health Clinical Center
Medically Unexplained Symptoms
Provider Helpline: 1-866-559-1627
www.PDHealth.mil

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

Improvement in Care for Patients with Medically Unexplained Symptoms (MUS)
COL Charles C. Engel, MD, MPH
Director, Deployment Health Clinical Center

Deployment Health Clinical Training Series
May 7, 2007
Provider Helpline: 1-866-559-1627
www.PDHealth.mil

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

Managing Depression in Primary Care Using the VA/DoD Major Depressive Disorder Clinical Practice Guideline
COL Charles C. Engel, Jr., MD, MPH
Director, Deployment Health Clinical Center

[00:00:01] 1 - Managing Depression in Primary Care
[00:00:24] 2 - Presentation Objectives
[00:00:44] 3 - Major Depressive Disorder
[00:02:41] 4 - Diagnostic Criteria for MDD
[00:03:28] 5 - Co-Occurring Disorders

Summary



- ♠ In summary, the PDH-CPG Toolbox should:
 - Help Primary Care Providers treat patients with deployment-related health concerns
 - Promote PDH-CPG integration in MTFs
 - Minimize frustration for patients who present with difficult-to-diagnose deployment-related health concerns

Questions, Information, Assistance



DoD Deployment Health Clinical Center

Walter Reed Army Medical Center

Building 2, Room 3G04

6900 Georgia Ave, NW

Washington, DC 20307-5001

202-782-6563

DSN:662

Provider Helpline

1-866-559-1627

E-mail: pdhealth@na.amedd.army.mil

Website: www.PDHealth.mil

Patient Helpline

1-800-796-9699